

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99		2				
100		2				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101	2					
102	2					
103	2					
104						
105	1					
106	1					
107	1					
108	1					
109						
110						
111	1					
112	1					
113						
114						
115	1					
116	1					
117						
118	6					
119	6					
120	6					
121	1					
122	1					
123	1					
124	1					
125						
126	1					
127	1					
128						
129						
130	5					
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TOTAL IND.	8					
TOTAL DEP.	41	↓	↓	↓		
TOTAL CLAIMS	49					

•	IND.	DEP.	•	IND.	DEP.	•	IND.	DEP.
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200								
TOTAL IND.								
TOTAL DEP.		↓	↓	↓				
TOTAL CLAIMS								